

Nov 08

10/14/02
PATENTS
0109-UTL

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

I hereby certify that this paper is being deposited with the U.S. Postal Service under 37 CFR §1.10 as Express Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington D.C. 20231, on 8 November 2002.

Name of Person Mailing: Michelle Y. Walker

Signature:

Date: 11/8/2002

#17
J. B. G.
11-215

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **RECEIVED**

In re Application of:

NOV 14 2002

Inventors: Guy M. Miller *et al.*

TECH CENTER 1600/2900

Serial No: 10/020,450

Group Art Unit: 1614

Filed: December 17, 2001

Examiner: P. Spivack

For: Compositions & Methods for the Prevention & Treatment of Cerebral Ischemia

COMMISSIONER OF PATENTS
Washington, D.C. 20231

Sir:

TRANSMITTAL FOR RESPONSE

Transmitted herewith for filing in the above-identified Application are the following papers and instructions, as indicated below.

1. Papers enclosed:

Response

Return Receipt Postcard

2. Petition For Extension Of Time

Applicant(s) hereby petition(s) for an extension of time under 37 CFR 1.136(a) to respond to the Office action mailed November 8, 2002, for:

<input type="checkbox"/> one (1) month	\$55.00
<input type="checkbox"/> two (2) months	\$195.00
<input checked="" type="checkbox"/> three (3) months	\$445.00

the fee (37 CFR 1.17) for which is authorized below.

11/13/2002 AADDFO1 00000018 10020450

01 FC:2253 460.00 CH

RECEIVED

NOV 14 2002

PATENTS
0109-UTL

Transmittal for Response

TECH CENTER 1600/2900

3. Fee Calculation and Deposit Account Authorization

[] There is no increase in the number of independent, dependent, or multiple dependent claims beyond those previously paid for.

[XX] There is an increase in the number of independent, dependent ,or multiple dependent claims beyond those previously paid for. The required fee is calculated below.

Claims Remaining After Amendment: **62 Total, 1 Independent**
Highest No. Previously Paid For: 57 Total, 1 Independent

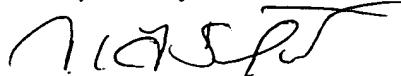
Additional independent claims (above 3): 0 @ \$40each \$0.00
Additional claims above 20: 5 @ \$9 each..... \$40.00
Multiple Dependency Fee: 0 @ \$135.00 \$0.00

PLUS Extension of Time Fee: \$445.00
PLUS Fee for Terminal Disclaimer: \$0.00
TOTAL FEE DUE:..... **\$485.00**

[X] Please charge **\$485.00** to Deposit Account No. **50-2247**. A duplicate of this transmittal letter is enclosed.

[X] Please charge any additional fees that may be required, or credit any overpayment, to Deposit Account No. **50-2247**. This is not, however, an authorization to pay the issue fee. A duplicate of this transmittal letter is enclosed.

Respectfully submitted,



Carol A. Stratford
Agent for Applicants
Registration No. 34,444

11/13/2002 4ABDF01 00000018 502247 10020450
01-FC-2253 -485.00 CH

Galileo Laboratories, Inc.
5301 Patrick Henry Drive
Santa Clara , California 95054
Telephone: (408) 654-5830
Facsimile: (408) 654-5831

Date: Nov 8, 2002